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11/16/01  
 11041 U.S. PTO

**UTILITY PATENT APPLICATION TRANSMITTAL**

(for Noncontinuing, Nonprovisional  
 Applications under 37 C.F.R. §1.53(b))

Attorney Docket No. 13909-00002

11046 U.S. PTO  
 09/992433  
 11/16/01

Box PATENT APPLICATION  
 Commissioner of Patents and Trademarks  
 ATTENTION: Assistant Commissioner for Patents  
 Washington, D.C. 20231

Sir:

Transmitted herewith for filing under 37 C.F.R.  
 §1.53(b) is the nonprovisional, noncontinuation  
 patent application for:

Title: IMPROVED METHODS AND  
 COMPOSITIONS FOR THE TREATMENT  
 OF BENIGN PROSTATIC HYPERTROPHY

First Named Inventor or  
 Application Identifier: Sikander Randhava *et al.*

)  
 ) **CERTIFICATE OF MAILING BY "EXPRESS MAIL"**

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) Date of Deposit November 16, 2001

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 ) with the United States Postal Service "Express Mail  
 ) Post Office to Addressee" Service under 37 CFR §1.10  
 ) on the date indicated above and is addressed to the  
 ) Commissioner of Patents and Trademarks, Attention:  
 ) Assistant Commissioner for Patents, Washington, D.C.  
 ) 20231

) Theresa A. Barnstable  
 ) (Typed or printed name of person mailing)

) Theresa A. Barnstable  
 ) (Signature of person mailing)

1. **Utility Patent Application:**

21 pages of the specification (*including claims*) are enclosed.

       sheet(s) of drawings are enclosed. ( ) Formal ( ) Informal

2. **Declaration and Power of Attorney:**

( ) An executed Oath or Declaration and Power of Attorney naming the actual inventors is enclosed.

(x) The names of persons believed to be the actual inventors are set forth in the enclosed **unexecuted** Oath or Declaration and Power of Attorney (§1.41(a) and §1.53(b)).

3. **Assignment:**

( ) An Assignment(s) of the invention to \_\_\_\_\_, and cover sheet are enclosed.

( ) A check in the amount of \$ \_\_\_\_\_ to cover the fee for recording the assignment(s) is enclosed. (\$40.00 per assignment.)

4. ( ) A 37 C.F.R. §3.73(b) Statement is enclosed (*where an Assignee seeks to take action in a matter before the Patent Office*).

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5.     ☐ An Information Disclosure Statement is enclosed.

☐ A Form PTO-1449 is enclosed.

☐ References (copies) listed on the Form PTO-1449 are enclosed.
6.     ☒ A Return Receipt Postcard is enclosed (MPEP §503).
7.     ☐ Priority of application number \_\_\_\_\_ filed on \_\_\_\_\_

          \_\_\_\_\_ in \_\_\_\_\_ is claimed under 35 U.S.C. §119.

☐ A certified copy of the priority document is enclosed.
8.     ☐ A MicroFiche Computer Program (Appendix) is enclosed.
9.     ☐ A Nucleotide and/or Amino Acid Sequence Submission is enclosed.
10.    ☐ A Computer Readable Copy is enclosed.
11.    ☐ A Paper Copy (*Identical to Computer Copy*) is enclosed.
12.    ☐ A Statement Verifying Identity of above Copies is enclosed.
13.    **The filing fee is calculated below:**

CLAIMS AS FILED – INCLUDING PRELIMINARY AMENDMENT (IF ANY)						
			SMALL ENTITY		LARGE ENTITY	
	NO. FILED	NO. EXTRA	RATE	FEE	RATE	FEE
BASIC FEE				\$370.00		\$740.00
TOTAL (No. of claims – 20=)	27	7	X \$9.00	63.00	X \$18.00	
INDEP. (No. of claims – 3=)	6	3	X \$42.00	126.00	X \$84.00	
Assumed no multiple dependent claims – <input type="checkbox"/> First Presentation of Multiple Dependent Claim			+ \$140.00	---	+ \$280.00	
Filing Fee =			\$559.00		\$	

14. **Method of Payment of Fees**

- (x) Enclosed is our firm check in the amount of: \$ 559.00
- ( ) Charge \$ \_\_\_\_\_ to Deposit Account No. 50-1214.
- ( ) The payment of the Filing Fee is to be deferred until the Declaration is filed. Do not charge our Deposit Account.

15. (x) A separate written request under 37 C.F.R. §1.136(a)(3), which is a general authorization to treat any concurrent or future reply requiring a petition for an extension of time under 37 C.F.R. §1.136(a) for its timely submission as incorporating a petition for an extension of time for the appropriate length of time, is enclosed.

16. (x) The Commissioner is hereby authorized to charge any additional fees which may be required in this application under 37 C.F.R. §§1.16-1.17 during its entire pendency, or credit any overpayment, to Deposit Account No. 50-1214. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-1214. This sheet is filed in triplicate.

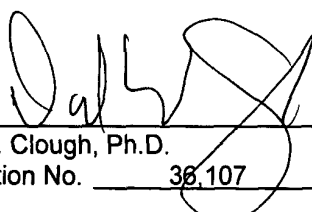
17. ( ) Also enclosed:

Please address all future communications to

**KATTEN MUCHIN ZAVIS**  
Attention: Patent Administrator  
525 West Monroe Street, Suite 1600  
Chicago, Illinois 60661-3693  
(312) 577-8134

Respectfully Submitted,

November 16, 2001  
(Date)

By:   
David W. Clough, Ph.D.  
Registration No. 36,107

**KATTEN MUCHIN ZAVIS**  
525 West Monroe Street, Suite 1600  
Chicago, Illinois 60661-3693  
(Direct) Phone No. (312) 902-5464  
(Direct) Fax No. (312) 577-8403